

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32756**

FILED SEP 16 1943 47

Registration District No. **47**

Primary Registration District No. **6171**

Registrar's No.

1. PLACE OF DEATH

(a) County **Stone Co. Leon Rural**
(b) City or town **Leon Rural**
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) **1**

(d) Length of stay: In hospital or institution **about 3 yrs.** (Specify whether

In this community **about 3 yrs.** years, months or days)

3. (a) PRINT FULL NAME

Retha Newton

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex **F** 1 5. Color or race **w/h**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if

7. Birth date of deceased **Jan 26 1915** (Month) (Day) (Year)

8. AGE: Years **28** Months **6** Days **12** If less than one day hr. min.

9. Birthplace **Cartersville Mo. 0** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Robert Hicks**
13. Birthplace **Missouri 0** (City, town, or county) (State or foreign country)
14. Maiden name **Eva Bruffett**
15. Birthplace **Missouri 0** (City, town, or county) (State or foreign country)

16. (a) Informant **Eva Hicks**

(b) Address **Salena, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 10 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Jones Cemetery**

18. (a) Signature of funeral director **Elliott J. Cheatham**

(b) Address **Salena, Mo.**

19. (a) **Aug 10 43** (b) **Nellie Irons** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Stone 104**
(c) City or town **Rural** (If outside city or town limits, write "RURAL") **0**

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **8** year **1943** hour **2** minute **45** PM

21. I hereby certify that I attended the deceased from **at death** **Aug 8** 19**43** to 19**45** that I last saw him alive on **Aug 8 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **drowning**

Duration

Due to.

Due to.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 104**

(b) Date of occurrence **Aug 8 1943**

(c) Where did injury occur? **Stone Mo** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **on James River** (Specify type of place)

While at work **fishing** (e) Means of injury **drowning**

23. Signature **Elliott J. Cheatham** (Name, D. or other)

Address **Salena, Mo** Date signed **Aug 5 43**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

1172

RECEIVED

District Health Officer No. 6,

District File Number 943-1096

Date Filed 9-15-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Salina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.